

108TH CONGRESS  
1ST SESSION

# S. 1666

To amend the Public Health Service Act to establish comprehensive State diabetes control and prevention programs, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

SEPTEMBER 26, 2003

Mr. COCHRAN (for himself and Mr. KENNEDY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to establish comprehensive State diabetes control and prevention programs, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Diabetes Prevention  
5       and Treatment Act”.

6       **SEC. 2. FINDINGS.**

7       Congress finds the following:

8               (1) Diabetes occurs in 2 forms, type 1 and type  
9       2 diabetes. Type 1 diabetes usually occurs during

1 childhood or adolescence and type 2 diabetes, which  
2 accounts for more than 9 out of 10 cases of diabe-  
3 tes, usually occurs after age 40. Type 1 diabetes is  
4 a disease that results from the body's failure to  
5 produce insulin, the hormone that "unlocks" the  
6 cells of the body, allowing glucose, or sugar, to enter  
7 and fuel the cells. People with type 1 diabetes must  
8 take daily insulin injections to stay alive. Type 2 di-  
9 abetes results from insulin resistance, a condition in  
10 which the body cannot properly use insulin and can-  
11 not make enough insulin to compensate for the in-  
12 creased bodily need. Although some people with type  
13 2 diabetes also require daily insulin injections, often  
14 type 2 diabetes can be controlled through healthy  
15 diet, nutrition, and lifestyle changes. If not, medica-  
16 tion and insulin shots may be used to control diabe-  
17 tes.

18 (2) There are approximately 17,000,000 indi-  
19 viduals in the United States with diabetes, almost  $\frac{1}{3}$   
20 of whom are unaware that they have the disease.

21 (3) Diabetes is the sixth leading cause of death  
22 in the United States, contributing to over 200,000  
23 deaths every year.

24 (4) Another 16,000,000 individuals in the  
25 United States have a condition known as "pre-diabe-

1       tes”, or impaired glucose tolerance. Unless treated,  
2       “pre-diabetes” dramatically increases the risk for  
3       developing type 2 diabetes and increases the risk of  
4       heart disease by nearly 50 percent.

5           (5) Prevention efforts against type 2 diabetes  
6       that consisted of diet and exercise (such as cutting  
7       fat and calories and walking at least 30 minutes, 5  
8       days a week, resulting in a 5- to 7-percent weight  
9       loss) lowered the incidence of type 2 diabetes by 58  
10      percent.

11          (6) There is a growing epidemic of type 2 dia-  
12      betes in children and adolescents that may be linked  
13      to obesity and physical inactivity. Type 2 diabetes  
14      now accounts for between 8 and 46 percent of all  
15      new cases of diabetes among children who are re-  
16      ferred to pediatric centers for care.

17          (7) Diabetes is also a major contributor to  
18      heart disease, stroke, and high blood pressure. In  
19      adults, diabetes is the leading cause of new blind-  
20      ness, end-stage renal failure, and nontraumatic  
21      lower limb amputations. People with diabetes are 2  
22      to 4 times more likely than the general population  
23      to have heart disease or to suffer a stroke.

24          (8) Diabetes disproportionately affects commu-  
25      nities of color. Type 2 diabetes is prevalent at rates

1       2.6 times higher among American Indians and Alas-  
2       ka Natives than among whites. African-American  
3       adults have a 100-percent higher rate, and His-  
4       panics a 90-percent higher rate, of type 2 diabetes  
5       than whites.

6           (9) The African-American and Hispanic death  
7       rates from diabetes are twice that for whites. Among  
8       American Indians and Alaska Natives, the death  
9       rate from diabetes is 3 times higher than for whites.

10          (10) More than 1 out of every 10 health care  
11       dollars, and at least 1 out of 4 dollars provided  
12       under the medicare program carried out under title  
13       XVIII of the Social Security Act, are spent on indi-  
14       viduals in the United States with diabetes.

15          (11) The economic cost of diabetes is conserv-  
16       atively estimated at \$132,000,000,000 annually.  
17       This includes \$92,000,000,000 in direct medical ex-  
18       penditures and \$40,000,000,000 attributable to dis-  
19       ability and premature mortality.

20          (12) Reducing the progression of pre-diabetes  
21       to diabetes with the level of success achieved by the  
22       National Institutes of Health's Diabetes Prevention  
23       Program could save \$4,290,000,000 annually.

1 **TITLE I—CENTERS FOR DISEASE**  
2 **CONTROL AND PREVENTION**

3 **SEC. 101. COMPREHENSIVE STATE DIABETES CONTROL**  
4 **AND PREVENTION PROGRAMS.**

5 Part B of title III of the Public Health Service Act  
6 (42 U.S.C. 243 et seq.) is amended by striking section  
7 316 and inserting the following;

8 **“SEC. 316. STATE DIABETES CONTROL AND PREVENTION**  
9 **PROGRAMS.**

10 “(a) IN GENERAL.—The Secretary, acting through  
11 the Director of the Centers for Disease Control and Pre-  
12 vention and in consultation with appropriate agencies,  
13 shall support comprehensive diabetes control and preven-  
14 tion programs by awarding grants to eligible entities to  
15 provide public health surveillance, prevention, and control  
16 activities, and to assure affordable, high-quality diabetes  
17 care.

18 “(b) ELIGIBILITY.—A State or territory is an eligible  
19 entity under this section.

20 “(c) USE OF FUNDS.—Consistent with the com-  
21 prehensive diabetes control and prevention plan submitted  
22 under subsection (d), an eligible entity that receives a  
23 grant under this section may use funds received under  
24 such grant to—

1           “(1) conduct health and community research,  
2           including research on behavioral interventions, to  
3           prevent type 1 and 2 diabetes (including the develop-  
4           ment of related complications) and the onset of type  
5           2 diabetes in persons with pre-diabetes or persons at  
6           high risk for developing diabetes;

7           “(2) conduct demonstration projects, including  
8           community-based programs of diabetes control and  
9           prevention, and similar collaborations with academic  
10          institutions, hospitals, community centers, health in-  
11          surers, researchers, health professionals, and non-  
12          profit organizations;

13          “(3) conduct public health surveillance and epi-  
14          demiological activities relating to the prevalence of  
15          type 1 and 2 diabetes and assessing disparities in di-  
16          abetes control and prevention, including such dis-  
17          parities in underserved populations;

18          “(4) provide public information and education  
19          programs; and

20          “(5) provide education and training for health  
21          professionals, including allied health professionals.

22          “(d) APPLICATION.—An eligible entity that seeks  
23          funding under this section shall submit an application to  
24          the Secretary at such time, in such manner, and con-  
25          taining such information as the Secretary may require, in-

cluding a comprehensive plan for diabetes-related prevention and control strategies and activities to be undertaken or supported by the eligible entity, which—

“(1) is developed with the advice of stakeholders from the public, private, and nonprofit sectors with expertise relating to diabetes control, prevention, and treatment;

“(2) is intended to reduce the incidence, morbidity, and mortality of type 1 and 2 diabetes, with a priority on preventing and controlling diabetes in at-risk populations and reducing disparities in underserved populations; and

“(3) describes the diabetes-related services and activities to be undertaken or supported by the eligible entity.”.

**SEC. 102. CDC DIABETES CONTROL AND PREVENTION ACTIVITIES.**

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) (as amended by section 101) is further amended by inserting after section 316, the following:

**“SEC. 316A. DIABETES CONTROL, PREVENTION, AND RESEARCH ACTIVITIES.**

“(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Pre-

1 vention, and in collaboration with appropriate agencies,  
 2 shall conduct, support, and promote the coordination of  
 3 research, including translational and preventive investiga-  
 4 tions and studies, demonstrations and pilot programs,  
 5 training and studies relating to surveillance, control, and  
 6 prevention of type 1 and 2 diabetes (including the develop-  
 7 ment of related complications) and the onset of type 2 dia-  
 8 betes in persons with pre-diabetes or persons at high risk  
 9 for developing diabetes.

10 “(b) ACTIVITIES.—Activities that the Secretary shall  
 11 conduct, support, and promote as described in subsection  
 12 (a) shall include—

13 “(1) the collection, analysis, and publication of  
 14 biennial data on the prevalence and incidence of type  
 15 1 and 2 diabetes and of pre-diabetes, in coordination  
 16 with activities undertaken under section 317H;

17 “(2) the development of uniform data sets for  
 18 public health surveillance and clinical quality im-  
 19 provement activities;

20 “(3) the identification of evidence-based and  
 21 cost-effective public health best practices, including  
 22 practices and models developed through grants  
 23 awarded under section 316;

24 “(4) the development of early detection and  
 25 prevention programs, such as screening to identify



1       diabetic retinopathy and to prevent blindness, as  
2       well as neuropathy, nephropathy, peripheral vascular  
3       disease, podiatric examinations to prevent foot ul-  
4       cers, and lower extremity amputations; and

5           “(5) the establishment and operation of a na-  
6       tional diabetes laboratory to develop and improve  
7       laboratory methods to assist in the diagnosis, treat-  
8       ment, and prevention of diabetes, including the de-  
9       velopment of less invasive ways to monitor blood glu-  
10      cose, such as nonmydriatic retinal imaging, and to  
11      prevent hypoglycemia, and the improvement of exist-  
12      ing glucometers that measure blood glucose.

13      “(c) PRIORITY.—The Secretary shall give priority to  
14      programs and activities to reduce disparities in diabetes  
15      prevention, diagnosis, management, and care for high-risk  
16      or underserved populations. Such programs and activities  
17      may include—

18           “(1) refinement of the National Health and Nu-  
19      trition Examination Survey to address the lifestyle  
20      of such populations;

21           “(2) enhanced efforts to develop culturally ap-  
22      propriate interventions; and

23           “(3) strategies to enhance the quality, accuracy,  
24      and timeliness of diabetes-related morbidity and  
25      mortality data for such populations.

1       “(d) COLLABORATIVE ACTIVITIES.—The activities  
2 described in subsection (b) may be conducted in collabora-  
3 tion with eligible entities that are awarded a grant under  
4 section 316.

5       “(e) TRAINING AND TECHNICAL ASSISTANCE.—The  
6 Secretary may provide training, technical assistance, sup-  
7 plies, equipment, and services, and may detail any officer  
8 or employee of the Department of Health and Human  
9 Services, to State and local health agencies, or to any pub-  
10 lic or nonprofit entity designated by a State health agency,  
11 with respect to the planning, development, and operation  
12 of any program or service carried out pursuant to sub-  
13 section (a) or in lieu of grant funds provided under section  
14 316.

15       “(f) IMPROVEMENT OF MORTALITY DATA COLLEC-  
16 TION.—

17               “(1) ASSESSMENT.—The activities described in  
18 subsection (b)(1) shall include an assessment of dia-  
19 betes as a primary or underlying cause of death and  
20 analysis of any under-reporting of diabetes as a pri-  
21 mary or underlying cause of death in order to pro-  
22 vide an accurate estimate of yearly deaths related to  
23 diabetes.

24               “(2) DEATH CERTIFICATE ADDITIONAL LAN-  
25 GUAGE.—In carrying out the activities described in

1 subsection (b)(1), the Secretary may promote the  
2 addition of language to death certificates to improve  
3 collection of diabetes mortality data, including add-  
4 ing questions for the individual certifying to the  
5 cause of death regarding whether the deceased had  
6 diabetes and whether diabetes was an immediate,  
7 underlying, or contributing cause of or condition  
8 leading to death.

9 “(g) REPORT.—

10 “(1) IN GENERAL.—The Director shall submit  
11 to the Committee on Health, Education, Labor, and  
12 Pensions of the Senate and the Committee on En-  
13 ergy and Commerce of the House of Representatives  
14 annual reports describing the activities undertaken  
15 under this section and section 316.

16 “(2) CONTENT.—The reports shall include an—

17 “(A) evaluation of the accuracy of data re-  
18 garding the incidence, prevalence, complica-  
19 tions, and costs of diabetes; and

20 “(B) projections regarding trends in each  
21 of the areas described in subparagraph (A).

22 “(3) AVAILABILITY.—The Director shall make  
23 such reports publicly available in print and on the  
24 Centers for Disease Control and Prevention website.

1 **“SEC. 316B. AUTHORIZATION OF APPROPRIATIONS.**

2 “There are authorized to be appropriated to carry out  
3 sections 316 and 316A, \$120,000,000 for fiscal year  
4 2004, and such sums as may be necessary for each of fis-  
5 cal years 2005 through 2008.”.

6 **TITLE II—IMPROVING THE**  
7 **QUALITY OF DIABETES PRE-**  
8 **VENTION AND CARE**

9 **SEC. 201. DIABETES CARE QUALITY IMPROVEMENT**  
10 **GRANTS.**

11 Part B of title III of the Public Health Service Act  
12 (42 U.S.C. 243 et seq.) (as amended by section 102) is  
13 further amended by inserting after section 316B the fol-  
14 lowing:

15 **“SEC. 316C. IMPROVING QUALITY OF DIABETES PREVEN-**  
16 **TION AND CARE.**

17 “(a) IN GENERAL.—After completion of activities  
18 under subsection (d), the Secretary, acting through the  
19 Director of the Centers for Disease Control and Preven-  
20 tion, and in collaboration with the Director of the Agency  
21 for Healthcare Research and Quality, shall award competi-  
22 tive grants to eligible entities to apply the best practices  
23 identified by the Secretary under subsection (d) for diabe-  
24 tes prevention and control.

25 “(b) ELIGIBILITY.—An entity is eligible for a grant  
26 under this section if such entity is—

1           “(1) a State, territory, Indian tribe, tribal orga-  
2           nization, public or nonprofit entity; or

3           “(2) a partnership of an entity described in  
4           paragraph (1) and an appropriate private sector or-  
5           ganization.

6           “(c) PRIORITY.—In awarding grants under this sec-  
7           tion, the Secretary shall give priority to eligible entities  
8           that propose to carry out programs to reduce disparities  
9           in diabetes prevention and control for high-risk or under-  
10          served populations.

11          “(d) BEST PRACTICES.—

12           “(1) IN GENERAL.—Not later than 1 year after  
13           the date of enactment of this section, the Secretary  
14           shall identify evidence-based best practices, evidence-  
15           based guidelines and other effective models for dia-  
16           betes prevention and control, which may be adopted  
17           and applied by eligible entities under this section.

18           “(2) SPECIFIC BEST PRACTICES.—Best prac-  
19           tices, as described in paragraph (1), may include—

20           “(A) State or community-based interven-  
21           tions, school-based screening, care and preven-  
22           tion programs, health systems improvement  
23           strategies, and health and environmental poli-  
24           cies that promote improved nutrition and phys-  
25           ical activity;

1                   “(B) case management or disease manage-  
2                   ment quality improvements programs;

3                   “(C) appropriate communication, training,  
4                   or regional outreach and health promotion ini-  
5                   tiatives, including Internet-based initiatives; or

6                   “(D) models developed or validated by dia-  
7                   betes research and training centers established  
8                   under section 431.

9           “(e) APPLICATION.—An eligible entity that seeks  
10 funding under this section shall prepare and submit to the  
11 Secretary an application at such time, in such manner,  
12 and containing such information as the Secretary deter-  
13 mines to be necessary, including information regarding  
14 how such entity would use funds received under this sec-  
15 tion to supplement activities carried out under such enti-  
16 ty’s comprehensive diabetes control and prevention plan  
17 under section 316.

18           “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
19 are authorized to be appropriated to carry out this section,  
20 \$50,000,000 for fiscal year 2004, and such sums as may  
21 be necessary for each of fiscal years 2005 through 2008.”.

1 **SEC. 202. ENHANCEMENT OF DIABETES EDUCATION AND**  
2 **OUTREACH.**

3 Part P of title III of the Public Health Service Act  
4 (42 U.S.C. 243 et seq.) is amended by adding at the end  
5 the following:

6 **“SEC. 3990. NATIONAL DIABETES EDUCATION AND OUT-**  
7 **REACH.**

8 “(a) PURPOSE.—The Secretary, acting through the  
9 Diabetes Mellitus Interagency Coordinating Committee,  
10 shall coordinate a national diabetes education program to  
11 support, develop, and implement education initiatives and  
12 outreach strategies appropriate for both type 1 and 2 dia-  
13 betes. Such activities may include public awareness cam-  
14 paigns, public service announcements and community  
15 partnership workshops, as well as programs targeted at  
16 businesses and employers, managed care organizations,  
17 and health care providers.

18 “(b) PRIORITY.—The Secretary shall emphasize  
19 translation of new scientific and clinical findings into uti-  
20 lizable information for health care providers and patients.  
21 The Secretary shall also give priority to reaching high-risk  
22 or underserved populations.

23 “(c) COLLABORATION.—In carrying out this section,  
24 the Secretary shall consult and collaborate with stake-  
25 holders from the public, private, and nonprofit sectors

1 with expertise relating to diabetes control, prevention, and  
2 treatment.

3 “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
4 is authorized to be appropriated to carry out this section,  
5 \$15,000,000 for fiscal year 2004 and such sums as may  
6 be necessary for each of fiscal years 2005 through 2008.”.

7 **SEC. 203. DIABETES QUALITY MEASURES.**

8 Section 912 of the Public Health Service Act (42  
9 U.S.C. 299b–1) is amended by adding at the end the fol-  
10 lowing:

11 “(d) QUALITY MEASURES.—In carrying out sub-  
12 section (a), the Director shall—

13 “(1) develop and periodically update, lists of  
14 scientifically validated, evidence-based quality meas-  
15 ures for assessing and improving clinical services  
16 and counseling related to diabetes; and

17 “(2) support the development and validation of  
18 needed measures.”.

19 **SEC. 204. DIABETES QUALITY IMPROVEMENT PROGRAM.**

20 (a) DIABETES QUALITY IMPROVEMENT PROGRAM.—  
21 The Secretary of Health and Human Services, acting  
22 through the Director of the Centers for Disease Control  
23 and Prevention, shall establish a Diabetes Quality Im-  
24 provement Program to disseminate and promote the wide-  
25 spread use of national performance measures for diabetes



1 care and for quality improvement to all diabetes preven-  
 2 tion and control programs under the authority of the Sec-  
 3 retary. The National Diabetes Quality Improvement Pro-  
 4 gram shall promote the adoption of these national per-  
 5 formance measures to public and private health care sys-  
 6 tems providing care to persons with diabetes and expand  
 7 the number and scope of public-private partnerships im-  
 8 plementing such Program.

9 (b) EVALUATION.—The Secretary of Health and  
 10 Human Services, acting through the Director of the Agen-  
 11 cy for Healthcare Research and Quality and the Director  
 12 of the Centers for Disease Control and Prevention, shall  
 13 undertake an evaluation of quality improvement initiatives  
 14 supported under this section.

15 (c) AUTHORIZATION OF APPROPRIATIONS.—There  
 16 are authorized to be appropriated to carry out this section,  
 17 such sums as may be necessary for each of fiscal years  
 18 2004 through 2008.

19 **SEC. 205. MONITORING THE QUALITY AND DISPARITIES IN**  
 20 **DIABETES CARE.**

21 Part A of title IX of the Public Health Service Act  
 22 (42 U.S.C. 299 et seq.) is amended by adding at the end  
 23 the following:

1 **“SEC. 904. AREAS OF SPECIAL EMPHASIS.**

2       “The Secretary, acting through the Director, shall in-  
3 corporate within the annual quality report required under  
4 section 913(b)(2) and the annual disparities report re-  
5 quired under section 903(a)(6), scientific evidence and in-  
6 formation appropriate for monitoring the quality and safe-  
7 ty of diabetes care and identifying, understanding, and re-  
8 ducing disparities in care.”.

9                   **TITLE III—NATIONAL**  
10                   **INSTITUTES OF HEALTH**

11 **SEC. 301. ENHANCEMENT OF DIABETES RESEARCH AND**  
12                   **TRAINING CENTERS.**

13       (a) IN GENERAL.—Section 431(a)(1) of the Public  
14 Health Service Act (42 U.S.C. 285c–5(a)(1)) is amended  
15 by striking “Consistent with applicable recommendations  
16 of the National Commission on Diabetes,” and inserting  
17 “Consistent with applicable recommendations of the Dia-  
18 betes Research Working Group and with updated strategic  
19 research plans developed through the Diabetes Mellitus  
20 Interagency Coordinating Committee,”.

21       (b)           AUTHORIZED                   RESEARCH.—Section  
22 431(a)(1)(B)(i) of the Public Health Service Act (42  
23 U.S.C. 285c–5(a)(1)(B)(i)) is amended by inserting  
24 “basic, clinical, behavioral, translational, and preventa-  
25 tive” before “research”.

(c) EDUCATION AND TRAINING.—Section 431(a)(2) of the Public Health Service Act (42 U.S.C. 285c–5(a)(2)) is amended by striking “paragraph (1)(B)(ii).” and inserting “paragraph (1)(B)(ii). Such funds may also be used for pre- and post-doctoral research fellowship training and for research career development, meeting such requirements as the Secretary may prescribe.”.

8 SEC. 302. DIABETES RESEARCH PLANNING AND COORDINA-  
9 TION.

Section 429 of the Public Health Service Act (42 U.S.C. 285c-3) is amended by adding at the end the following:

“(d) The Diabetes Mellitus Interagency Coordinating Committee shall develop and periodically update a strategic research plan for diabetes, building upon and updating the overall scientific guidance provided by the 1999 Strategic Plan of the congressionally established Diabetes Research Working Group. In engaging in strategic research planning for diabetes, the Committee shall address broad, multiple avenues of current and emerging research needs and opportunity, including clinical research in diabetes, the genetics of diabetes, diabetes in children and youth, and diabetes in underserved or high-risk populations. The Committee shall also coordinate the efforts of the National Diabetes Education Program.”.

1 **SEC. 303. GENETICS OF DIABETES.**

2 Title IV of the Public Health Service Act (42 U.S.C.  
3 281 et seq.) is amended by inserting after section 430 the  
4 following:

5 **“SEC. 430A. GENETICS OF DIABETES.**

6 “The Diabetes Mellitus Interagency Coordinating  
7 Committee, in collaboration with the Directors of the Na-  
8 tional Human Genome Research Institute, the National  
9 Institute of Diabetes and Digestive and Kidney Diseases,  
10 and the National Institute of Environmental Health  
11 Sciences, and other voluntary organizations and interested  
12 parties, shall—

13 “(1) coordinate and assist efforts of the Type  
14 1 Diabetes Genetics Consortium, which will collect  
15 and share valuable DNA information from type 1 di-  
16 abetes patients from studies around the world; and  
17 “(2) provide continued coordination and sup-  
18 port for the consortia of laboratories investigating  
19 the genomics of diabetes.”.

20 **SEC. 304. RESEARCH AND TRAINING ON DIABETES IN UN-**  
21 **DERSERVED AND MINORITY POPULATIONS.**

22 (a) RESEARCH.—Subpart 3 of part C of title IV of  
23 the Public Health Service Act (42 U.S.C. 285c et seq.)  
24 is amended by adding at the end the following:

1 **“SEC. 434B. RESEARCH ON DIABETES IN UNDERSERVED**  
2 **AND MINORITY POPULATIONS.**

3 “(a) IN GENERAL.—The Director of the Institute, in  
4 coordination with the Director of the National Center on  
5 Minority Health and Health Disparities and other appro-  
6 priate institutes and centers, shall expand, intensify, and  
7 coordinate research programs on pre-diabetes, type 1 dia-  
8 betes and type 2 diabetes in underserved populations and  
9 minority groups.

10 “(b) RESEARCH.—The research described in sub-  
11 section (a) shall include research on—

12 “(1) behavior, including diet and physical activ-  
13 ity and other aspects of behavior;

14 “(2) environmental factors related to type 2 di-  
15 abetes that are unique to, more serious, or more  
16 prevalent, among underserved or high-risk popu-  
17 lations;

18 “(3) research on the prevention of complica-  
19 tions, which are unique to, more serious, or more  
20 prevalent among minorities, as well as research on  
21 how to effectively translate the findings of clinical  
22 trials and research to improve methods for self-man-  
23 agement and health care delivery; and

24 “(4) genetic studies of diabetes, consistent with  
25 research conducted under section 430A.

1       “(c) DEFINITION.—In this section, the term ‘minor-  
 2   ity group’ has the meaning given the term ‘racial and eth-  
 3   nic minority group’ in section 1707.

4       “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
 5   are authorized to be appropriated for purposes of carrying  
 6   out this section \$20,000,000 for fiscal year 2004 and such  
 7   sums as may be necessary for each of fiscal years 2005  
 8   through 2008.”.

9       (b) DIVISION DIRECTORS.—Section 428 of the Public  
 10   Health Service Act (42 U.S.C. 285c–2) is amended—

11           (1) in subsection (b)(1), by inserting “(includ-  
 12       ing research training of members of minority popu-  
 13       lations in order to facilitate their conduct of diabe-  
 14       tes-related research in underserved populations and  
 15       minority groups)” after “research programs”; and

16           (2) by adding at the end the following:

17       “(c) DEFINITION OF MINORITY GROUP.—In this sec-  
 18   tion, the term ‘minority group’ has the meaning given the  
 19   term ‘racial and ethnic minority group’ in section 1707.”.

20   **SEC. 305. AUTHORIZATION OF APPROPRIATIONS.**

21       Subpart 3 of part C of title IV of the Public Health  
 22   Service Act (42 U.S.C. 285c et seq.) (as amended by sec-  
 23   tion 304(a)) is amended by adding at the end the fol-  
 24   lowing:

1 **“SEC. 434C. AUTHORIZATION OF APPROPRIATIONS.**

2 “For the purpose of carrying out this subpart with  
3 respect to the programs of the National Institute of Diabe-  
4 tes and Digestive and Kidney Diseases, other than section  
5 434B, there are authorized to be appropriated such sums  
6 as may be necessary for each of fiscal years 2004 through  
7 2008.”.

8 **TITLE IV—REDUCING DIABETES**  
9 **AMONG CHILDREN AND YOUTH**

10 **SEC. 401. PROGRAMS OF CENTERS FOR DISEASE CONTROL**  
11 **AND PREVENTION.**

12 Part B of title III of the Public Health Service Act  
13 (42 U.S.C. 243 et seq.) is amended by striking section  
14 317H and inserting the following:

15 **“SEC. 317H. DIABETES IN CHILDREN AND YOUTH.**

16 “(a) SURVEILLANCE ON TYPE 1 DIABETES.—The  
17 Secretary, acting through the Director of the Centers for  
18 Disease Control and Prevention and in consultation with  
19 the Director of the National Institutes of Health, shall de-  
20 velop a sentinel system to collect data on type 1 diabetes,  
21 including the incidence and prevalence of type 1 diabetes  
22 and shall establish a national database for such data.

23 “(b) TYPE 2 DIABETES IN YOUTH.—The Secretary  
24 shall implement a national public health effort to address  
25 type 2 diabetes in youth, including—

1           “(1) enhancing surveillance systems and ex-  
2           panding research to better assess the prevalence and  
3           incidence of type 2 diabetes in youth and determine  
4           the extent to which type 2 diabetes is incorrectly di-  
5           agnosed as type 1 diabetes among children;

6           “(2) standardizing and improving methods to  
7           assist in the diagnosis, treatment, and prevention of  
8           diabetes including developing less invasive ways to  
9           monitor blood glucose to prevent hypoglycemia such  
10          as nonmydriatic retinal imaging and improving exist-  
11          ing glucometers that measure blood glucose; and

12          “(3) developing methods to identify obstacles  
13          facing children in traditionally underserved popu-  
14          lations to obtain care to prevent or treat type 2 dia-  
15          betes.

16          “(c) LONG-TERM EPIDEMIOLOGICAL STUDIES ON DI-  
17          ABETES IN CHILDREN.—The Secretary, acting through  
18          the Director of the Centers for Disease Control and Pre-  
19          vention and the Director of the National Institute of Dia-  
20          betes and Digestive and Kidney Diseases, shall conduct  
21          or support long-term epidemiology studies in children with  
22          diabetes or at risk for diabetes. Such studies shall inves-  
23          tigate the causes and characteristics of the disease and  
24          its complications.



1 “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated to carry out this section,  
3 \$20,000,000 for fiscal year 2004 and such sums as may  
4 be necessary for each of fiscal years 2005 through 2008.”.

5 **SEC. 402. PROGRAMS OF NATIONAL INSTITUTES OF**  
6 **HEALTH.**

7 Subpart 3 of part C of title IV of the Public Health  
8 Service Act (42 U.S.C. 285c et seq.) is amended by strik-  
9 ing section 434A and inserting the following:

10 **“SEC. 434A RESEARCH ON DIABETES IN CHILDREN AND**  
11 **YOUTH.**

12 “(a) IN GENERAL.—Consistent with the Pediatric  
13 Research Initiative established under section 409D, the  
14 Director of the Institute shall expand, intensify, and co-  
15 ordinate research programs and efforts of the National In-  
16 stitutes of Health to treat, cure, and prevent diabetes in  
17 children.

18 “(b) CLINICAL TRIAL INFRASTRUCTURE; INNOVA-  
19 TIVE TREATMENTS.—The Secretary, acting through the  
20 Director of the National Institutes of Health, shall sup-  
21 port clinical research centers and testing of innovative  
22 treatments for the prevention, detection, treatment, and  
23 cure of diabetes. Such treatments may include testing of  
24 islet cell transplantation, new insulin preparations, insulin  
25 delivery methods, and blood sugar monitoring devices.

1       “(c) PREVENTION OF DIABETES.—The Secretary,  
 2 acting through the appropriate agencies, shall provide for  
 3 a national effort to prevent diabetes. Such effort shall pro-  
 4 vide for a combination of increased research and develop-  
 5 ment of prevention strategies, such as consideration of  
 6 vaccine development, coupled with the appropriate ability  
 7 to test the effectiveness of such strategies in clinical trials,  
 8 including strategies to prevent the onset and progression  
 9 of type 1 diabetes.

10       “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
 11 are authorized to be appropriated to carry out this section  
 12 such sums as may be necessary for each of fiscal years  
 13 2004 through 2008.”.

## 14                   **TITLE V—REPORTS**

### 15   **SEC. 501. SURGEON GENERAL'S REPORT ON THE PUBLIC** 16                   **HEALTH IMPACT OF DIABETES.**

17       (a) IN GENERAL.—The Surgeon General may pre-  
 18 pare a report on diabetes, including the prevalence of dia-  
 19 betes and the adequacy of data collection and analysis con-  
 20 cerning diabetes.

21       (b) CONTENTS.—The report described in subsection  
 22 (a) shall—

23               (1) set forth recommendations to address un-  
 24 derserved and high-risk populations;

1           (2) set forth recommendations to reduce the  
2       morbidity, mortality, and prevalence of diabetes in  
3       the United States; and

4           (3) contain an action plan to implement the  
5       recommendations under paragraphs (1) and (2).

6       (b) ISSUANCE OF REPORT.—Not later than 3 years  
7       after the date of enactment of this Act, the Surgeon Gen-  
8       eral shall submit to the Committee on Health, Education,  
9       Labor, and Pensions of the Senate and the Committee on  
10      Energy and Commerce of the House of Representatives  
11      the report described in subsection (a).

12      (c) DEFINITION OF DIABETES.—In this section, the  
13      term “diabetes” means type 1 diabetes and its complica-  
14      tions, type 2 diabetes and its complications, and pre-diabe-  
15      tes or impaired glucose tolerance.

16      (d) AUTHORIZATION OF APPROPRIATIONS.—There  
17      are authorized to be appropriated to carry out this section  
18      \$1,000,000 for fiscal year 2004, and such sums as may  
19      be necessary for each of fiscal years 2005 and 2006.

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